USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States				S SISING CAURT			COURT CASE NUMBER 10-114			
DEFENDANT Kenneth Lowson				7017 FER 1 Ω Δ 9: 5]			TYPE OF PROCESS Final Order of Forfeiture			
SERVE AT	Clerk of the Co	urt, United S or RFD, Apart	PANY, CORF States Distr ment No., Cir	PORATION. ETC ict Court, Dis y, State and ZIP	C. TO SERVE OR D strict of New Jers Code)	ey	ON OF PROPERTY TO			
Mitchell H. Cohen U.S. Courthouse One John F. Gerry Plaza One Joseph Notice of Service COPY TO REQUESTER AT NAME AND ADDRESS BELOW						Number of process to be served with this Form 285				
Evan S. Weitz Assistant United States Attorney						Number of parties to be served in this case				
970 Broad Street, Suite 700 Newark, New Jersey 07102							Check for service on U.S.A.			
	IUMBER: 10-FE		vice on behal	For:	PLAINTIFF	TELEPHO	ONE NUMBER	DATE		
SDAGEA	PET OW FOR	USE OF	TIS MA		DOLY-DO N		45-2740 RITE BELOW	1/6/12 THIS LIN	E	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NO lacknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) Total Process District of Origin Serve No. 50 No. 50						orized USMS Deputy or Clerk Date				
hereby certify and the individua	and return that I 🔲 I	nave personally ion, etc., at the	served , D haddress show	ave legal eviden n above on the or	ce of service, kan the individual, com	ve executed tpany, corp) as shown in "Remark: oration, etc. shown at t	e", the process des ne address inserte	scribed i below.	
l hereby ce	rtify and return that l	am unable to lo	cate the indiv	idual, company,	corporation, etc. nam	ed above (See remarks below)			
Name and title o	findividual served (1)						A person of suit	able age and disc defendant's usual	retion place	
Address (complete only different than shown above)							Date 1/23/2012	Time 3: PM		
							Signature of U.S. Marshal or Deputy			
Service Fee	Total Mileage Chi including endeave		ling Fee	Total Charges	Advance Deposit		ount owed to U.S. Marshal* or ount of Refund*) \$0.00			
remarks:	ull of cot									

PRINT 5 COPIES:

1. CLERK OF THE COURT 2. USMS RECORD

3. NOTICE OF SERVICE

NOTICE OF SERVICE
 BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285 Rev. 12/80